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APPLICANTS

Yasushi Hibi, Tokyo, JAPAN;

Tsutomu Urakawa, Tokyo, JAPAN;
 Teruaki Sugata, Tokyo, JAPAN;

** CONTINUING DATA ***** *NO/1c*

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

23389
 SCULLY SCOTT MURPHY & PRESSER, PC
 400 GARDEN CITY PLAZA
 SUITE 300
 GARDEN CITY, NY
 11530

TITLE

Ultrasound phantom

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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